

ETHNIC HEALTH ADVISORY COMMITTEE

March 20, 2006
5:00 p.m. – 7:00 p.m.

Cannon Health Building
288 North 1460 West, Room 114
Salt Lake City, Utah

Members	Sam Folau Heru Hendarto Robert Kagabo Aida Santos Mattingley Dena Ned Sylvia Garcia Rickard Luz Robles Betty Sawyer Ellen Selu K. Kumar Shah Jesse Soriano Suri Suddhiphayak	Patti Fuhriman Elizabeth Heath Melanie Preece Kathryn Rowley Nasrin Zandkarimi Melissa Zito	April Young Bennett George Delavan Owen Quiñonez Dulce Diez	Kyum Koo Chon Rob Ence Greg Jaboin Shawn M. Jimerson Mary Catherine Jones Doreina Lee Leticia Medina Sabrina Morales Kim Olsen Leanna VanKeuren
Excused			George Delavan	
Attendees:	Heru Hendarto Robert Kagabo Aida Santos Mattingley Dena Ned (via phone) Sylvia Garcia Rickard Luz Robles K. Kumar Shah Jesse Soriano Suri Suddhiphayak	Patti Fuhriman Melanie Preece Melissa Zito	April Young Bennett Owen Quiñonez Dulce Diez	Rob Ence Greg Jaboin Leticia Medina Sabrina Morales Shawn M. Jimerson Leanna VanKeuren Kim Olsen

Attachments/Hand-outs: Care-A-Van packets were distributed at the meeting. Additional packets may be obtained by contacting Kim Olsen.

Links: Care-A-Van Events Calendar: http://www.immunize-utah.org/public/evchild_caravan.htm
United Health Foundation Utah Rankings report: <http://www.unitedhealthfoundation.org/shr2005/pdf/Utah.pdf>
HealthInsight Physician Training: www.thinkculturalhealth.org
Article claiming health disparities do not exist: http://www.sltrib.com/nationworld/ci_3607139

1. Call to order, welcome, introduction Owen Quiñonez

Chile Verde provided a boxed lunch.

Action item: CMH: New placards need to be created for the executive committee.

2. Designation of new chair and vice chair Owen Quiñonez

Sylvia Garcia Rickard has been designated the new chair and K. Kumar Shah has been designated 1st vice chair.

3. Nominations and election of new 2nd vice chair Sylvia Rickard

A quorum of eight EHAC members was present, including Dena Ned who voted by email. Jesse Soriano was voted as the new 2nd Vice Chair.

4. Care-A-Van mobile immunization clinic Kim Olsen, CNS

Packets were distributed.

The program has been running since 1993.
 UDOH and sponsors are acknowledged in the packet.
 The goal of Care-A-Van is to boost immunization rates in Utah.
 The Care-A-Van immunizes children ages 0-3.
 If a location would like to host the Care-A-Van, fax in the clinic interest form.
 To host, you must advertise the Care-A-Van and provide a room for immunizations.
 You must schedule a month in advance.
 Outreach is being conducted statewide.
 Sylvia asked about upcoming events. Kim responded that you can see the event schedule at their website:
http://www.immunize-utah.org/public/evchild_caravan.htm
 Within 3 weeks following the immunization clinic, the information is updated to the USIIS database.
 Sometimes organizations prefer to offer immunization information but not host the Care-A-Van. If so, the program offers posters.
 Kumar asked about 2005 immunization data. Kim responded that we were 29th in state rankings in 2004, but we have gone down to 49th in 2005. (See <http://www.unitedhealthfoundation.org/shr2005/pdf/Utah.pdf>)
 A state committee is focusing on improving that ranking. She does not know if they have budget to address the issue.
 Owen asked if there is minority representation on the committee. We need to ask Nasrin for that information.
Action items: CMH: Send out link to Care-A-Van website (included in these minutes); Ask Nasrin about minority representation on state committee and send information about this committee to EHAC.

5. Medicare Part D.....Rob Ence, AARP
 AARP and Utah Medicare outreach coalition want to make sure appropriate information gets to all eligible individuals without sales pressures.
 AARP offers 1 on 1 counseling to help seniors determine if they should apply for Medicare Part D.
 They originally underestimated time required for 1 on 1 counseling.
 State of Utah started with high enrollment then slowed.
 Those ready to make a decision or transferred from another program accounted for the original high numbers.
 Everyone on Medicaid was supposed to be transferred over automatically.
 Half of Medicare eligibles are not sure what to do.
 Currently, there are too many coverage options and that can be confusing—Options will probably whittle down in a year or two.
 Private market competition resulted in 40 different plans.
 Medicare Part D is part of the Medicare Modernization Act of 2003, the prescription drug benefit. Other features of the act are controversial.
 Besides Medicaid enrollees, other low-income folks are eligible for special assistance.
 All higher-income seniors can pay \$27-\$37 /month for a Medicare Part D Plan.
 Approximately 239,000 Medicare seniors in Utah have drug coverage.
 A large proportion of these was automatically enrolled from Medicaid and now pays a little more than before.
 Some people got lost in the transition. AARP is working to make sure they are getting needs met.
 Those who already had coverage through federal or state employee health plans do not need Medicare Part D
 If they have an employer-based health plan from a private company they may or may not be better off staying in that plan compared to switching to Medicare Part D. They should have received a notice from their companies telling them if their current plan or Part D offered better coverage.
 If they get on Part D, it could affect their employer-based coverage.
 Some seniors have a Medigap supplemental private insurance plan to supplement Medicare A and B, including drug coverage. Medicare Part D is better than a Medigap plan because it is subsidized by the government.
 Out of 239,000 enrolled Utahns, only 15% of people who have Medicare Part D coverage now made the decision to join independently without being transferred from a federal or Medicaid plan.
 Few people who previously had no coverage now have Medicare Part D.
 AARP and its partners have especially tried to enroll minorities.
 Events to encourage learning about the program have been poorly attended.
 People who are just above Medicaid eligible but still below 150% of poverty level are especially unlikely to have Medicare Part D coverage.
 These people would be eligible for subsidized Medicare Part D; it would be very helpful to them.
 60% of applicants for subsidized Medicare part D are rejected because of the asset test—He considers it a mistake.
 There is a 2-month window—the cut-off for unpenalized enrollment is May 15. Leavitt may extend this deadline but hasn't done so yet. People may need to pay more if they enroll later.

Need to present to people before then.

Help us arrange venues where people normally get together where we can provide volunteers to help eligibles and family members to evaluate their prescription needs and determine if they should join.

Encourage people to bring a family member or trusted friend.

People need to talk to their pharmacist and physician to make sure they are not taking drugs they do not need. They could be taking something less expensive—generic alternatives.

It is hard for people to express concerns to physician, especially with language barriers. Pharmacists are a good resource.

More people fit within low-income range as of 2006 because it was lifted higher.

Kumar asked about whether a senior with small business coverage through Blue Cross should get Medicare Part D instead of Blue Cross because of premium savings. Rob said that anyone who reaches 65 should consider Medicare as their primary coverage; it is in their best interest because it is paid for by the government. If they chose to get a Medigap plan or Medicare D, they could still use Blue Cross. They would need to compare whether a Medigap plan or Medicare D was best for them. They should utilize a counselor from AARP. Their computers will tell them which plan offers better coverage.

AARP will send us a list of contacts for assistance. Rob's number is 567-2644.

People have had trouble calling CMS to get books, but the numbers Rob will send are not CMS. They are local numbers.

If seniors are already in an employer plan, they are okay missing the deadline. Their employer will send them a letter telling them if their plan is equivalent or better or worse than Medicare D.

There will be no penalty if they maintain coverage—they just need to maintain coverage and not let it slide.

Small employers would not have coverage for retirees—they would depend on Medicare.

The reason for the late enrollment penalty is because of risk protection for insurance companies; people might otherwise wait until they are sick to buy insurance coverage.

Heru reminded us that nursing homes have special allowances, no copays.

Kumar and Luz said that community leaders and seniors were hesitant to take advantage of AARP services. They thought that AARP was biased like sales persons and did not understand that AARP is not backing any particular company. Rob added that they had the same problem with religious groups.

AARP has product link with United Health Care, but they are prohibited from marketing this product. It is not the only option and they never counsel people to choose United; they let people choose their own plan.

Rob would like to be invited to more venues to share this information.

Jesse does not believe that many community members would be excited about hearing about Medicare D, but they might be interested in learning more about how to pay for healthcare, especially if they do not understand system at all.

Rob asked, If people do not understand Medicare, what do we do to reach them?

Jesse and Luz said it is also the responsibility of OEA to educate people.

Rob said they needed cultural emissaries to help them spread the word.

Sylvia sees people who are eligible hoping it will go away because they do not understand it. We need to help people understand how knowing about it is better than not knowing.

Owen asked if EHAC could have a training, and Rob said yes.

Sylvia asked if people would be interested in attending. EHAC members all voted yes.

Kumar pointed out that even people who speak English do not know this.

Sylvia said, We will find a good date and get back to Rob.

Patty said we are fortunate to have Rob; he helps us be ahead of other states.

Jesse suggested EHAC partner with ethnic affairs, and Luz agreed.

Patty suggested having a section on Medicaid. She can pull that together.

Jesse motioned to collaborate with Medicaid and OEA to sponsor a forum to explain Medicare and Medicaid for community leaders as a train the trainers event. The motion was seconded and unanimously voted for.

Sabrina had a grant last year from a national Latino health program to educate about the new Medicare plan and it was very difficult. She thinks it would be good to include state programs and caseworkers.

Jesse said that people want to know how to get healthcare payed for.

Sylvia added, And how much it will cost.

Sylvia said the Executive Committee will send out the dates for the training.

Sabrina—They had many elderly come to their trainings, but they were undocumented and ineligible. They have a curriculum that she will send to Owen.

CMS gave money to the ABC coalition, which Rob is part of, to create a curriculum. He will provide it.

Luz said outreach was very successful with the black community through churches, but not successful with the Latino community.

Rob's group has people who speak Spanish and they can go anywhere with Internet. They just need us to get the people there.

AARP came to Women's Council and even English speakers were lost.

Leticia said some plans do not go state to state. They are not good for people who travel. Not everyone thinks to ask that people who are not trained about what to ask about concerning migration and travel.

Owen will find a date that works for OEA, AARP, and the state.

Kumar said to make sure it happens soon and do not make it long timeframe. Choose a time when people can come.

Black community will not do it on Saturday, says Luz.

Kumar said we will have to do multiple times.

Sylvia suggested doing a Saturday and an evening.

Is there an evening better than others?

Wednesday is agreeable, and a Saturday in about three weeks.

Patty can help with the tie to them.

Patty asked for clarification about whether it is train the trainers.

The group agreed it is train the trainers.

Luz pointed out that the Black community only wanted to do it privately, not by train the trainer, and they needed daycare, food, and half an hour for each person's personal process.

Leticia suggested we partner up with a place that has computers.

Also, trainers need to have technology.

Owen pointed out that training the trainers is very complex, why not train people directly?

Kumar agreed, yes, don't make it too complicated

Luz said we need to educate community leaders to know about process.

Sylvia said we could give people a time to come enroll

A different day may be required; Application is half an hour per person.

Luz said that even if you get trained as a trainer you cannot do it; it is a complex process that requires expertise.

Education for trainers is about getting people to come, not enrolling people.

ABC coalition has a van and goes places; they also have interpreters.

Sylvia said that if people don't know the counselors, they won't give them information.

Places like Horizonte and Comunidades Unidas may host, but they do not have wireless.

Centro de le Familia has had events but attendance was low.

Library has had events and only 0-2 people were present there.

Heru will get back to EHAC about Asian community venues.

Leanna suggested the Central Health Clinic.

Action items:

Rob Ence: Send EHAC a list of contacts for enrollment assistance. Provide ABC Coalition curriculum.

EHAC Executive Committee: Collaborate with ABC Coalition, Medicaid and OEA to sponsor a forum to explain Medicare and Medicaid for community leaders. This should be a train the trainers event. Education for trainers is about getting people to come to enrollment sessions by ABC Coalition, not about how to enroll people.

Owen: Find a Saturday and a Wednesday evening date that works for OEA, AARP, and the state within about three weeks to hold the event.

Patty: Contribute information about Medicaid.

Sabrina: Send Owen the Comunidades curriculum.

Heru: Get back to EHAC Executive Committee about Asian community enrollment venues.

Recommendations: Educate the community that ABC Coalition counseling is a valuable resource and is not biased to sell AARP health plan products.

Frame education as information about how to pay for healthcare, not as education about Medicare Part D. Include education about state programs as well.

6. Review, and approval of January 9, 2006 minutes..... Sylvia Rickard -- 5 minutes

Kumar requested that we change the date of the next meeting to March 20th

Kumar said that Page 3 action items need to be on the agenda of EHAC meetings.

Owen said that CMH put them in a list. It was sent to all members by email with the agenda. Reporting time is on the agenda.

Luz requested that at future meetings, CMH give copies of the action item list to everyone.

Sylvia will ask Melissa about UIHAB agenda

Sylvia requested that CMH number pages of minutes.

Luz requested that number 7 on the second page be changed to, EHAC should be invited to trainings sponsored by multicultural health in timely manner.

Kumar motioned to approve with these changes.

Minutes were unanimously approved.

Action Items: CMH: Provide copies of the action item list to everyone at EHAC meetings. Send changes to minutes via email.

Sylvia: Ask Melissa about UIHAB agenda.

7. Check status of action items and follow up..... Sylvia Rickard -- 10 minutes

From previous meetings

Kumar requested that we add page numbers to the document.

CMH will send the EHAC email list to Luz and she will add the email addresses to her listserv.

No questions regarding the list.

Action Items: CMH: Add page numbers to action items document. Send EHAC email addresses to Luz.

8. Update from Center for Multicultural Health..... Owen Quiñonez, Dulce Diez

CMH welcomes Dulce Diez. She started January 3rd. The committee selected Dulce from about 40 or 50 applications.

The Committee was composed of two members of EHAC and two representatives from local health departments.

Dulce will work with LHDs and CBOs. She is from Leon Spain and has four years in Utah. She has a U of U degree.

Dulce says she is excited to work here. In Spain, she worked in Africa and the Caribbean. Utah needs so to do a lot regarding minorities. The general population is not aware of the increase in minorities. She thinks that Utah is a wonderful place to welcome minorities.

Luz asked if Dulce was hired because of the grant from the office of Minority Health. Yes, she was.

CMH is working with HealthInsight to improve cultural competency among doctors. They choose clinics that have fewer minority patients. HealthInsight is funding CMH to help with the project. The training being offered is the internet training printed and distributed previously. In addition to providing training, HealthInsight and CMH provide other resources as desired by the clinicians.

Jesse clarified that it is a training on the standards, not really cultural competence.

CMH will resend the link: www.thinkculturalhealth.org.

The UDOH Health Disparities Workgroup is part of the OMH grant also. It includes one representative from each of 11 health programs. The group is creating plans for UDOH to address health disparities. There are four subcommittees: Communication with EHAC, the community, other programs and LHDs, Data, Translation and interpretation, and Cultural competence and technical assistance to minority groups. The full workgroup meets every two months and in between large meetings the subcommittees meet. Owen requested EHAC input on the plan. CMH will send it when complete. The plan only applies to UDOH activities, not work with LHDs, other organizations or healthcare providers.

On March 10, the Hispanic Task Force, led by Alliance Community Services, put together a conference. It was a good training with good attendance. Other CBOs who want to work with CMH to create a training are invited to also.

Sylvia pointed out that the UDOH Cancer program has done this with special population groups. They have them for cancer issues and clinical trials for Hispanics, Native Americans, Blacks, Appellations, and Pacific Islanders.

Utah Issues has been putting on conferences for the last two years.

OMH had an amazing conference in December. Attendees included 44 coordinators like Owen, six of 44 were Hispanic, one was from Africa, one was from Asia, and the rest were African American. OMH needs more representation from other communities.

Dr. Delavan was not available for this meeting but sent messages:

UDOH did pretty well in the legislative session but Medicaid was not fully funded. HB142 passed. Owen will meet with Ross Romero, Dr. Delevan and Judy Hillman to discuss how to use more funds for translation. An additional 50,000 was provided for this purpose.

Jesse suggested it would be appropriate to invite Sylvia and Owen agreed.

Jesse saw a report on disparities concluded that we all get treated badly, not just minorities. People have approached saying there are no disparities. (See http://www.sltrib.com/nationworld/ci_3607139)

Kumar said ethnic minorities need to do public relations. He added that the issue is much broader. Budgets are restricting. Minority issues are low priority because the legislature is only funding programs partially.

Action Items: CMH: Resend the link to HealthInsight training. It is: www.thinkculturalhealth.org. Send the UDOH Health Disparities plan when complete. Invite Sylvia to participate in translation planning meeting. EHAC members: Provide input on UDOH Health Disparities plan.

9. Multicultural Health Network and introduction of Greg JaboinLeticia Medina, Greg Jaboin
Utah Issues has a contract to coordinate the Utah multicultural health network.
Greg started in January. He will look at disparities, ways to address them from different angles.
He will meet with members of the community to seek consensus on how to address issues.
He will help create by-laws, regulations, vision, and mission, to keep the Network going long-term.
The network is a collaboration between Utah issues and CMH to do what each separately cannot do.
Health disparities summits have been held in the past to develop a state plan. We will continue to do that at part of network.
Grant is for 5 years.

10. Bill HB 142 Luz Robles
House bill 142 was signed today by the governor. Utah issues sought support of Rep. Romero.
\$150,000 was originally sought, then down to 100, now 50 included in final bill. They held meetings with Utah Issues and Owen to help Romero be more convincing to the legislature.
Legislature was not familiar with CMH.
Now we have more responsibility because the Legislature is more familiar with CMH.
Must make sure we address the intent of the bill. It provides \$50,000 for delivery of translation services of health department.
Interpretation not included because it would be so difficult to change wording at legislature but legislative intent includes interpretation.
Now more people will be looking for translation.
CMH cannot provide the direct service of translation because there is not enough money, but can provide infrastructure to train, assess translation services.
May convene a summit for improving services.
May look at a curriculum to certify translators.
EHAC and CBOs must help us work out how to use the money.
It is ongoing funding. It brings the CMH budget from 100,000 to 150,000.
Last year the legislature kept the same language but provided more money.
This time wording changes, so we need to make sure we emphasize translation.
Leticia pointed out that we will need demonstrable outcomes.
Kumar added that this is why action items are important-- to show accomplishment.
Owen stated that there will be a meeting is to discuss how to spend the \$50,000 and the meaning of the new wording.
Some legislators will be looking for translation specifically.
Leticia said, I don't see a problem with that. This is an opportunity to demonstrate that CMH meets needs.
Kumar agreed that we can show what we can do for \$50,000.
Owen added that the legislature receives an annual report from us.
Sylvia said that accountability is good.
Sabrina suggested looking at the four states that already have interpreting standards for guidance.
Owen will invite Sabrina to the meeting.
Sabrina is co chair of a national policy and research committee on healthcare interpretation and owns an interpretation company.
Sabrina says the first national interpretation standards were written last year. We can adapt those standards easily like those other four states did.
Federal government provides reimbursement for interpreting here in Utah through Medicaid.
Sabrina added that interpretation is one of the hottest issues at national level because it is a great cause of healthcare mistakes. It is unacceptable to have certified court interpreters but not certified healthcare interpreters when it is a matter of life or death.

Luz said we should standardize quality of interpreters and also make sure people understand what is happening at the emergency room. If you standardize certification process, it must go through professional licensing and make it statewide. She suggests we do the same thing as the national committee.

Jesse clarified that we have determined that standards are already in place. I think the recommendation is simply that we look at national standards and adopt them and do not reinvent the wheel.

Sabrina added that a problem in Utah is that there are not enough interpreters.

Jesse felt we should get standards first then interpreters.

Sylvia has witnessed cancer patients and interpreters and known that they are not getting the right information.

Kumar said because the expectations are high, decide what you can accomplish before you start.

Sylvia added that CMH should create short and long term goals.

Jesse said EHAC must make sure not to micromanage Owen's office.

Action Items: CMH: Invite Sabrina to the bill discussion meeting.

Recommendations: CMH should emphasize its work in translation to the Legislature to show accountability for additional dollars. CMH should determine what can be accomplished with this level of new funding and create goals and objectives from the beginning to keep expectations clear. Focus on creating standards for interpretation before focusing on recruitment. Consider adapting federal interpretation standards as the Utah standard. Advertise that Medicaid provides reimbursement for interpreting here in Utah.

11. EHAC and UIHAB..... Melissa Zito
Melissa is going to make changes to the by-laws to clarify that UIHAB represents the tribes and EHAC represents other Native Americans in Utah. April will send her the by-laws so Melissa can make these changes and then we will send out the old and revised by-laws to EHAC for approval.

Action Items: CMH: Send by-laws to Melissa for her revision. Send suggested changes to EHAC after receiving them from Melissa.
Melissa: Revise by-laws.

12. Nomination of new member(s)..... Sylvia Rickard
Leanna is a health program manager at the Indian walk-in center. She previously worked at UDOH for three years in data. She has an MBA in health service administration and is interested in EHAC because the majority of Native Americans do not reside on reservations but in urban areas. They face the same issues as other ethnic groups; they cannot comprehend the information given to them, they need more focus on preventive health rather than the urgent care needs that lead them to the Walk-in Center.
Shawn is not a Native American from a Utah tribe but from Sanguitch tribe in upstate New York. He was a city planner, and therefore learned to communicate on multiple levels. He then worked in Indian Affairs and now at the Indian Walk-in Center. Shawn lacks bias on provision of services so he focuses on bringing people together to discuss issues. Some of his work creates partnerships and helps people voice health issues. The majority of Utahns live off-reservation. Indian Walk-In Center is facing a potential budget cut of almost 100% of resources. Native Americans have a lot to lose if we do not represent ourselves.
Sylvia asked the candidates to step out.
Jesse asked if we could also ask candidates questions before they step out.
Sylvia pointed out that these are the only two willing nominees for two vacant positions and asked members if they would prefer to nominate one or two?
Jesse suggested that since we only have two candidates and they are very good, EHAC could vote by acclamation to recommend both candidates.
Kumar seconded the motion to recommend both candidates.
The motion passed unanimously.

Action Items: CMH: Amend the nominee protocol to include question-answer time for candidates. Create a letter to Dr. Sundwall recommending both Leanna VanKeuren and Shawn M. Jimerson to membership in EHAC.

13. Public Comment/upcoming events Sylvia Rickard -- 5 minutes

Heru announced that the Asian Association of Utah will have an Asian Pacific Festival at South Town June 10, 12-8 pm. It is a free event. There will be three types of booth, cultural, food, and community services. Heru will send the form to Owen for information.

Owen participated last year and many people were there.

Jesse asked why can't EHAC have a booth at these events.

Heru suggested EHAC have a booth.

Sylvia agreed that EHAC should have our presence there.

Luz pointed out that you need a budget because they have a cost.

Owen said CMH will fund the booth.

Jesse said one of the failings of this committee is that no one knows it exists.

Sabrina announced an ethnic leadership conference in Arizona for youth. Comunidades can bring 30 applicants, who submit an essay. Call 842-2333 to apply. Most current applicants are Latino, but they would like youth 18-30 of other races as well. They will travel in vans but everything is paid for. There will be a pre-training meeting between April 20-24. They are scheduling the pre-conference training after the selection process. There will be an interview over phone. The Center for Community Change does pro-immigrant work nationwide. She can send the link about the organization.

Comment: Include link

Jesse asked Shawn if there is any connection between urban planning and health.

Shawn was in outreach for the disabled in New York and found that all of the group homes were in suburban areas and their services were in urban areas. He became involved with the zoning commission for that reason: to provide for ramps in front yards, access to services, things like that.

Jesse believes urban planning clearly affects health.

Action Items: Heru: Provide Asian Pacific festival information to Owen.

CMH: Fund EHAC booth at Asian Pacific festival.

Sabrina: Send link about the Center for Community Change

14. Adjourn and next meeting – May 8, 2006.....Sylvia Rickard